



PLAN/ORDINANCE AMENDMENT APPLICATION



APPLICANT

Name _____

Mailing Address _____

Contact Person _____

Phone _____ Fax _____

Email _____

SUBMITTAL CHECKLIST

☐ \$400 non-refundable filing fee.

☐ A detailed *typewritten* narrative describing the request.

For text amendments, cite the section(s) of the applicable plan/ordinance and submit specific language proposed.

CERTIFICATION & SIGNATURE

I hereby certify that the information in this application is correct and agree to abide by the regulations of this jurisdiction.



Signature of Applicant

_____ Date _____

AMENDMENT REQUEST

☐ Zoning Ordinance

☐ Subdivision Ordinance

☐ Comprehensive Plan

☐ Area Plan (*please specify*)

PROPOSED PLAN/ORDINANCE AMENDMENT

Please provide a brief description of the proposed amendment.

OFFICE USE ONLY

Received By _____ Date _____

Receipt # _____ Fee _____

Case # _____

Related Cases _____

COMMISSION ACTION

☐ Approved

☐ Denied

Resolution # _____ Date _____

BOARD ACTION

☐ Approved

☐ Denied

Ordinance # _____ Date _____